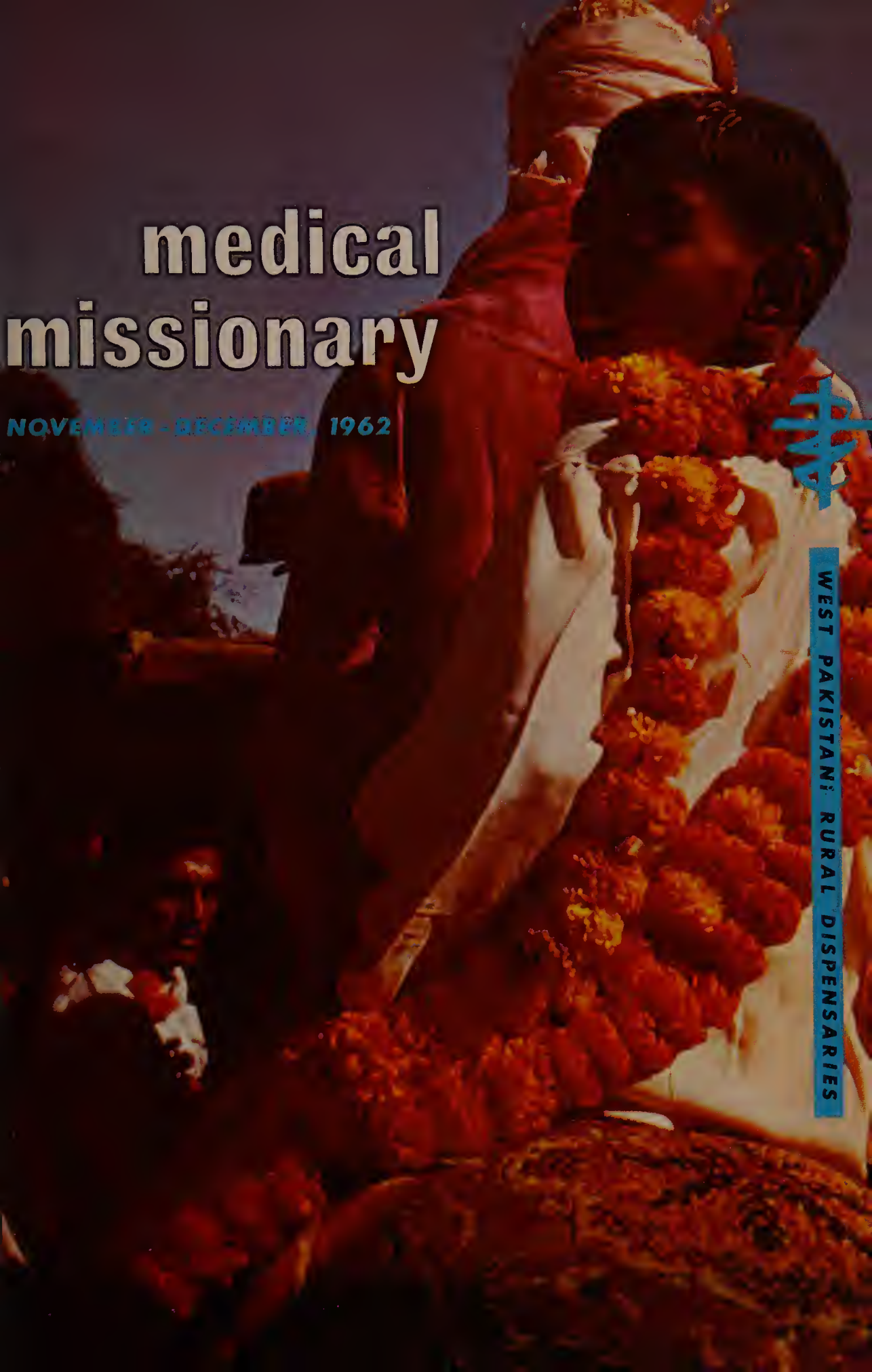
medical missionary

NOVEMBER - DECEMBER 1962



WEST PAKISTANI RURAL DISPENSARIES

THEOTOKOS

Mary in the Fathers of the Church
sixth in a series
THE THEOTOKOS, The Virgin Motherhood of God

To a Virgin is become a Mother, the Mother of God, the Theotokos. God's power overshadows the Maid untouched and her womb is made a fruitful meadow, sweet to all who reap salvation. She is the undug well of remission's waters, the unploughed field of heaven's bread, the unwatered vineyard of immortality's wine, the olive tree of the Father's compassion, ever green and fair and fruitful. She is indeed a dwelling meet for God. Clothed with Divine grace, her soul filled with holy wisdom, her heart wedded to God, she receives in her womb God's work, our Good Brother. Heaven feels awe of Him, angels tremble at Him, nature is insufficient to sustain Him, and yet one maiden so takes, receives, entertains Him as a guest within her breast, that for the very hire of her home and as the price of her womb, she asks and obtains peace for earth, glory for heaven, salvation for the lost, life for the dead, heavenly parentage for earthly, the union of God Himself with human flesh. Rejoice then, O Mother and Virgin of God; be glad then Theotokos, for He who gives being to all creatures was pleased to stand in need of you and to become your debtor.

compiled from patristic sources.

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THE KINGDOM OF GOD
Rt. Rev. Msgr. Courtois 162

MEDICAL WORK IN THE VILLAGES
Sister M. Elise 165

VILLAGE VISIT
Sister M. Julia 170

VILLAGE WEDDING 175

RUBINA COMES HOME
Sister M. Kieran 178

URDU, THE LANGUAGE OF WEST PAKISTAN
Sister M. Pierre 180

OLD MAN RIVER IN PAKISTAN 182

BOOKS
Sister M. Fabian 185

WORLD HUNGER
Grover Brinkman 186

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Village Wedding, West Pakistan.

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". . . And in those days cometh John the Baptist,

preaching in the desert of Judea,

and saying:

'Do penance, for the kingdom of heaven is at hand.

For this is He that was spoken of by Isaias,

the prophet,

saying:

A voice of one crying in the desert,

prepare ye the way of the Lord,

make straight His paths . . .'"

IT is a remarkable fact. Wherever Christ went, His first concern was for the sick. Through this interest, He manifested Himself. The sign that He gave to the messengers of John the Baptist even before the evangelization of the poor, was the care of the sick and the infirm.

Throughout His public life, Christ devoted to the sick the best part of His time and did not hesitate to care for them even on the Sabbath. This very fact gave rise to hatred on the part of the Pharisees.

When He entered a village—news travels fast in the Orient—from all sides the lame flocked to Him, their cry: "Son of David, have mercy on me," or, "If you will, you can cure me." Some poor woman made her way hesitatingly through the crowd in order to touch the hem of His garment.

Those who were too weak or too crippled to reach Him were carried on their beds, and when the crowd became too dense, they were let down through the roof to His very feet.

St. Luke diagnosing it in clear terms, says: "Virtue went out from Him curing them all."

Some, like the lepers, forgot to thank Him. It did not matter. "I have not come for those who are well," He used to say, "but for those who are sick." This had many and deeper implications.

When for the first time, He sends His disciples two by two to the country of Judea or of Galillee to prepare His coming, He gives them definite instructions. These are quoted by St. Matthew and St. Luke: "And whatever town you enter, cure the sick who are there, and say to them, 'The Kingdom of God is at hand for you.' " (Luke, X, vs. 8-9)

It seems that a close link exists between bending over the sick and the coming of the Kingdom of God. Let us try in His adorable presence to deepen and understand these words.

I. The Kingdom of God is a kingdom of love and mercy.

It is a fact that Christ's solicitude for the sick is a concrete manifestation of His divine and universal love for those who suffer. Surely, no physical or moral distress can leave Him indifferent. Nothing that is human is foreign to Him.

He will have pity on everyone—the poor, the children, the sinners, the prostitutes—but His heart is moved to the greatest compassion at the sight of bodily pain. It seems that He uttered first the words that the famous Pasteur said later: "You have pain—I do not ask you what is your creed, your race or your nationality, nor your social status—not even if you are a saint or a thief. You suffer. That is sufficient. Tell me where you have pain." And virtue went out from Him and cured all.

II. The sick are the suffering members of Christ.

Our caring for them is one of the most effective means of expressing our gratitude and love to Our Lord by promoting the coming of His kingdom on earth.

RT. REV. MSGR.
GASTON COURTOIS

Not only did Our Lord show a preference for the sick but He intended to identify Himself with them. "I was sick and you visited Me." When one reads Chapter XXV in St. Matthew, it seems that the dividing element between the elect and the rejected is the way the works of mercy were performed by each. Foremost among these, is the way they visited Him in His sick members.

To the question asked by the charitable man, "When did we see you sick and come to you?" the answer is absolute: "Amen, I say to you as long as you did it to one of the least of my brethren, you did it to me."

All the saints, indeed, had in common an intuitive vision of Christ in the person of the sick as well as in the poor. The name "Hotel-Dieu" given to hospitals is still a vestige of the ages of Faith. The Lord Himself encouraged the faith and charity of His Saints in manifesting Himself in His suffering members. We see this in special cases where He emphasized this great law of identification. For instance, we read in the life of Saint Mechtilde (Part II, Chapter 49): "On her sickbed, Mechtilde bemoaned and complained to Jesus of the excessive care that was taken of her and said she was afraid of being pampered. She received this answer: 'Do not be afraid, do not worry, for it is I who really bear all that you bear. For that reason, what is done to you is done to Me. I will see to it that these people are rewarded for all they have done for Me in you.' "

St. Catherine of Genoa, echoing the famous lines of St. James and St. John in their epistles, shows that the care of the sick is an excellent way of thanking the One who has given us all. "It is through the love of neighbor that the creature manifests his gratitude for the great love God has borne him. Incapable of doing good to the divine Majesty Who has no need of it, he, out of love, does good to the suffering members of Jesus Christ."

III. There is quite a harmony between the realities of the natural world and those of the spiritual world. Bodily cure is a symbol of the healing of the soul. The care of the sick brings about physical healing. As the surgeon Ambroise Pare said: "I bandaged him; God cured him." However, if such care is given with a spirit of faith and love, it may bring about the cure of spiritual ills and forestall the works of the devil.

There are so many souls blinded to the light of God; so many souls deaf to His callings; so many souls numbed to prayer; so many leprous souls victims of the most abject vices!

Through sin, the devil and his cortege of sorrows and misery gain entrance into the world. Through an act of charity entrance is denied the devil and new avenues are opened for advancing the Kingdom of God.

This is not always visible to the naked eye. However, it is a deep reality known in the inner world of the Communion of Saints, and that is the only thing that matters. "The kingdom of God is within you," Christ told us.

There is a religious way of caring for the sick that inevitably hastens the coming of Christ's Kingdom on earth. Naturally we understand why the Church intended that privileged souls consecrate themselves totally to this noble service. The combination of their technical skills, their disinterested love, their burning faith, is of the very essence of missionary work. Their life is not only a witness, it is a real message which foretells this coming, which proclaims the royal presence, unseen but certain, of God among us.

Women crowd around the Sister-doctor to welcome her to the village. The need for maternity and child-welfare work is great in the village.

These villages are in the Thal desert. Nothing grows unless water is brought to the fields. The irrigation scheme is only 10 to 15 years old.

A very sick patient was brought to us. She needed an operation, so we took her back to the hospital.

MEDICAL WORK IN THE VILLAGES

SISTER M. ELISE, M.D.

In a village home. Grandpa can't walk so the Sister-doctor comes to visit him.

THE first problem in doing village medical work in West Pakistan is to *find* the place. You drive for miles and miles through almost empty country, meeting perhaps three buses and two trucks in four hours. You pass a few khaki colored mud huts once in a while, and you begin to wonder where in the world this Chak Main Line 17 is hiding itself. Then, at last, the car veers into a narrow, sandy, rutted land, and there it is: Mariakhel, Mary's Place, four rows of low mud huts, set in a quadrangle, with the church and sisters' convent at one end. Any similarity with a New England village is in name only. The church, school and convent are built of brick, but they do not rise much above the surrounding homes.

In March the entire countryside is green and fresh, but for the rest of the year it is either sand or mud, depending on the season. Only the irrigated fields show crops almost the year around. For this is the Thal Desert, a miniature Sahara where nothing grows for eight months out of the year, unless water is brought onto the fields, at great trouble and expense. The irrigation scheme is only ten to fifteen years old, and the villages are still small and poor. Here, in these isolated hamlets, are three Catholic villages, each of which boasts a school and a small dispensary.

Once a month, except during the hottest time of the year, the big jeep-station wagon sets out from Holy Family Hospital in Rawalpindi, to visit these chaks. Usually the top of the car is loaded high with medicines, old clothes, and a big box containing loaves of bread, a roast of beef, some vegetables and fruits, a few pounds of fresh butter, all luxuries which the priests and nuns in these villages never see, unless someone brings them in from the city. It takes six hours to drive from Pindi to any of these villages, so it is usually close to sunset before we arrive. The Catholics are assembled in the tiny church for Rosary and Evening Prayers, but a few youngsters manage to evade the watchful eye of the Sister, and they crowd around the car, admiring it from a respectful distance. The Sisters and the rest of the congregation follow soon after, and there is a happy reunion, with many questions about mutual friends. The Sisters who live in these chaks depend a great deal on our jeep-station wagon from Rawalpindi to bring them supplies and to carry messages back and forth, for it takes five days to send a letter to the city.

Quite often a patient from one of the villages who has been in the hospital returns to the village in the car with us. Then there is great rejoicing, with a few tears from the old grannies, at seeing a loved one safely in their midst again, and looking so well . . . and so fat!!! To the village people it seems like a reprieve from the death sentence, seeing one returning from the hospital, actually cured.

The next morning, right after Mass, the patients assemble at the door of the little clinic. They have had strict instructions from the Sister-nurse in charge of this dispensary, as to who is to present himself, and when, to the Sister-doctor from the city. But most of these admonitions have been forgotten in the excitement and the mob at the door extends to the convent gate! Here is where the Sister who lives in the village is of such tremendous help to the visiting doctor. She takes one look at the crowd and proceeds to "weed them out." "Abdul, what are you doing here at this time? You come at 4 P.M. with the men. Serafine, what's the matter with you, I saw you only yesterday and you were fine? Martha,

where is your daughter? I told you to be sure and bring her for the doctor to see. Now you go right home and bring her here. Mariam, that child belongs in school. Doctor will see her there, at 11 A.M. Alla Rakhi, yes, the doctor will come to see your mother in the house. I know she cannot walk so far to come to the clinic. Now, don't worry, everybody will be seen and everything will be taken care of, all in good time."

Believe it or not, the people are satisfied and many of them return to their homes, to await their turn. This is an achievement of which the sisters may well be proud, that they have gained the confidence of the villagers.

The work which is done by these dispensary sisters, day in and day out, can hardly be valued highly enough. It may seem petty to hand out pills for colds, malaria and dysentery, to bandage cut fingers and burned hands, to give daily vitamin tablets to the school children, to catch all the villagers for cholera and typhoid injections once or twice a year, but how it counts up in the end. The villages which have sisters to look after them are invariably twice as healthy as those which have none. So much illness can be prevented or nipped in the bud, while the simplest program of preventive medicine for mothers, babies, toddlers, and school children will raise the standards of health and hygiene in even a few years.

Thus, when the doctor comes, all that remains to be done is to diagnose the *unusual*, prescribe for those who are not responding to the standard treatment, approve or disapprove of the Sister's plans for the future. From time to time a patient is found who needs an operation, and then there is a great to-do, getting the whole family to agree that the patient should go to the hospital, with the Sisters, in the big car. Invariably also there are patients from the surrounding villages, who have heard of the visit of a doctor to Mariakhel. These are not so well known to the Sister in charge of the dispensary, so they take a bit longer.

By 11 A.M. we are usually ready to inspect the school children, and to visit the huts of the bedridden. There aren't many of those, for the people do not take to their beds easily. Even the blind old women help by looking after the babies, while grandfather cuts the grass for the buffalo. During the day the homes are largely deserted for most of the able-bodied men and women are at work in the fields.

In the late afternoon, when the heat of the day is over, there is a repetition of the morning clinic, this time for the men and for the pregnant women. Invariably there is great exclaiming over the *mundas* which have been born since the last visit. These are the precious sons, and daughters too. Most of them have been delivered by the sister, who is both a nurse and a midwife. It took some time to wean the village women away from their untrained *dais* (midwives). The presents which were given to each baby delivered by the sister (knitted cap, booties, a fancy dress, some soap, if available, all unheard-of luxuries to the village mothers) played no small part in bringing them to the convent dispensary for their deliveries. Now they come, at any moment of the day or night, to be delivered and they have their babies in clean, quiet, safe surroundings. Twenty-four hours after the delivery they are carried home again, on their low string beds, happily clutching a healthy baby, all dressed up in American finery, such as it will never see again. These clothes are carefully preserved and only put on for state occasions.

Medical care to the villages of Paki-

stan is a big problem, for which there is no quick, uniform solution. Most of the villages are too small, too poor, and too isolated to support a doctor, let alone a hospital. Until these chaks grow into more prosperous communities, until they get electricity, running water, telephones, and all the other amenities which educated people demand, what we are presently doing is probably the best way to bring highly skilled medical personnel to the villages. But this is not enough. Unless there is someone *in* the village all the time who will attend to the daily, minor complaints, who will look after the health of mothers, babies, and school children, who will recognize serious illness at its first appearance, these monthly visits would do little good.

Yet these dispensaries cannot manage adequately on their own. Regular and frequent visits from a doctor are needed if the Sister-nurse is to do her best work without damage to her health and spirits. Government regulations more and more demand the supervision of a doctor for every clinic, even a village dispensary, and rightly so. A nurse-midwife, even a well-trained and experienced one, is not meant to carry the burden of diagnosing illness and prescribing for it. No doubt many common diseases are obvious and their remedies harmless, but there always remains the unusual, the difficult, and the dangerous case, where a wrong diagnosis may mean a wasted life.

A man from a nearby village brings his daughter on a donkey to the Dispensary. "She has fever."

Mariakhel village church. At sunset, the Christians gather in the church for Rosary and evening prayers. Notice the camels.

In a village one sees the women grinding wheat or spinning cotton. They are poor but content.

Sister M. Elise, M.D. gives an injection of calcium to a village woman while Sister M. William assists her. Many women suffer from a disease called osteomalacia.

YOUR WILL

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $ ..... for its purposes,"

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

Meherban, a young Punjabi farmer came to Holy Family Hospital, Rawalpindi.

Village Visit

Village Visit Village Visit Village Visit Village Visit Village Visit Villa

Sr. M. Julia noticed how sick Meherban looked when he first came in. She was saying goodbye to another patient who was going home.

On the way to the village Dama, while looking for Meherban's home, Sr. M. Julia and Sr. Th. Celine saw a man smoking his hookah (a native pipe).

ister M. Dolores left) and Sister I. Bernadette admire ome village pottery n a visit to a Pak- tani village out- de of Rawalpindi.

The Sisters passed a Punjabi farmer and his wife who were working in the fields, on their way to Meherban's home. It was a long way from the hospital.

Village Visit

Village Visit Village Visit

SISTER M. JULIA

A village home in North West Pakistan. Village worker advises the owner on how to improve his farm and house. The house seems to be a combination of mud and brick.

I warn you: this is a sad story. It is about Meherban, a young man who was prematurely aged by a malignant tumor. It is about his family, poor farmers who live in a small village outside of Pindi as their fathers did before them.

I recall the afternoon Meherban was admitted, he came with his father and uncles, the women were left behind. The men were tall and gaunt, as is the way with Punjabi farmers who work hard and live on chappatis. There was strong facial resemblance among the party, but one could immediately pick out who was the patient. This 17-year-old boy was nothing but skin and bones, and the strained look on his face bespoke constant pain. Before beginning the formalities of admission, as

usual, I read the dispensary chart which had been sent with the patient. There were a few notes in the doctor's writing: "Pain in the abdomen, one year's loss of weight, weakness, mass palpable in abdomen. Permit for operation—malignancy?"

I began explaining what it entailed to be admitted, hospital rules, need for blood transfusion, and a major operation. The men did not seem to be listening to me, they had an air of not needing any explanations; they had come to a place in which they had faith. When I asked one of the men for his thumb print, giving permission for surgery, he said, "*Ah-ho, mem sahib, jo ap khathe hain, wuh tik hai.*" (What you say is right.)

I had the feeling it would not be *tik hai* (O.K.), but we had to wait and see. Once I saw the patient follow the orderly down to the x-ray room. He looked even thinner than before, but there was the same smile and salaam. Then one day I saw a long, white sheeted figure being carried up the stairs by stretcher to the O.R. He was awake enough to return my greeting and I said a little prayer that the doctor's provisional diagnosis might be wrong. But it wasn't.

The tall gaunt men and the tall worn woman who was his mother were waiting at the front door to see him after surgery. They never demanded extra privileges nor complained of the boy's obvious weakness and lack of progress. They took for granted whatever Allah deigned to send them. Then one day the doctor explained Meherban's true condition and eventual lack of recovery. So they began making plans to take him home.

The day they were leaving I wanted to express my sympathy with the family and said impulsively, stating a wish rather than an intention, "Be good, Meherban, I will come some time to see you." At once there was a smile on all their faces, including Meherban, who could hardly afford to smile about anything. His father said, "I will come to fetch you, when are you coming, memsahib?"

"No, no, I will find your place, all right. I don't know when I will come, but I will pray for you all, that God will bless you."

"*Mihrbani, mirhbani* (thanks), *salaam aleikum.*"

And, supporting the patient by his arms, they left by the front door.

Several days passed, and they left my mind, pushed into the background by the daily surge of patients and relatives who come to our admission desk. Then one day a stack of pathology reports came to the desk, and I began to distribute them on to their proper charts. You can imagine how I felt when I read—Meherban, son of Zaman Khan, age 17, microscopic findings—metastatic cancer of the colon! Of course there had been no hope at the time of discharge, but this cold notice was like a death warrant.

I told Sister Thomas Celine about the news. Sister was O.R. supervisor and had known the family well. We both wanted to visit him while he was still alive. We obtained permission, and Doctor gave us some medicine for him.

So we set off on a Sunday morning of Punjab spring—and spring in the Punjab is one of the world's loveliest experiences. Sister Thomas Celine and I took a local bus to the highway where the smaller path began. I asked some people standing near the bus stop and they unanimously pointed in one direction, so this reassured me that the place was well known, and wouldn't be hard to locate. We followed the road through open country for half an hour. A man and his son were watching a

buffalo. "Where is village Dama?"

"Can you tell us where village Dama is?" I asked. No response. "Where Zaman Khan and his family live," I added.

"Oh, yes. His son was in the hospital in Pindi and they brought him back."

So the farmer deputed his small child to take us through a corn field and set us on the road again. This time the road was quite narrow, and there were no houses in sight, only patches of green where wheat was sprouting and clumps of trees along small streams. Another hour and we came to a village—not Dama. of course, but there were people. We rested by a large pond where a buffalo was having his daily shampoo, and some women were doing their family wash.

"Where is the village Dama?" I asked the women. They looked uncomprehending, and uninterested. Misgivings multiplied in our minds. I kept telling myself how Meherban's family insisted that they lived NEAR the big road.

Suddenly a woman came up to us carrying her laundry on her head. "Follow me," she told us.

We threaded through the little mud houses and after another half an hour in the open country we arrived at another village just like the one we left. Our guide deposited us in a courtyard where a woman was weaving something in bright colors. She told us to sit down. Again, no one was in a hurry, and we admired the handiwork of the woman. It was truly beautiful, intricate, yet harmonizing into a unified pattern. I have seen little girls following the cows down the road, crocheting as they go.

So we sat and waited, and then an old granny emerged from one of the houses and she was deputed to take us on the next stage to the famed Village Dama. The old lady was gracious and simple and took us within sight of our destination. Instead of putting us on the path leading to Dama, which was only a cluster of half a dozen houses, she brought us to another courtyard and told us to sit on the *charpoys* (string-beds) that are always conveniently around. The two ladies of the house were also doing this—sitting on *charpoys* and immediately began to interrogate us.

"Where do you come from? Why did you come," etc.

We said we had to be leaving and I thought to myself, we have to return to Pindi by now.

"No, no, stay a while." Then after the *serai* (water jug) passed around they accompanied us to our destination, just a stone's throw away. The delay was purposeful, grapevine had informed our host that we were coming, and they were preparing for us.

When Sister and I stepped into the neat and bare compound that was Meherban's home, I felt like a pilgrim ascending the Holy Stairs in Rome—the people were so glad to see us. They were also dumbfounded that we had walked all that way.

They ensconsed us in the largest house (one room) with *charpoys* along the wall, and all the relatives, some we recognized from the hospital, others, strangers, came to pay their respects. But no Meherban. I thought he had died, and the people wanted to avoid telling us. At last, instead of our going to see the patient, HE was brought on his *charpoy* to us. The young boy was nearing "his Father's House," no doubt. Still, with his weakness and pain, he was cheerful and did not complain. He was wearing a newly laundered shirt for the occasion of our visit; you have to know this country where water is so precious to appreci-

ate this mark of respect. We spoke with Khatoon Bibi, his mother and his nurse also. She kept his dressing (colostomy) immaculate. We gave her the medicine and instructions on how to give it. So the real purpose of this three-hour trek was accomplished, now *we* would be objects of hospitality.

I can still see Sister and me in that room, each on our own *charpoy* with a "fanner" assigned to each. The entire length of our visit, the people kept fanning us in relays.

There was a language barrier between us and our hosts; we spoke Urdu and they spoke Punjabi. Of course, they brought tea in for us, and tea covers a great deal. The table had an embroidered cloth and the dishes were arranged so nicely. Among other things, we had fresh warmed milk with sugar. In that remote place it was like an ice cream soda. A king, himself, could not have been better treated.

At last, we began to make a move to go. "Oh, no, it's too hot and you are tired." (Both true.) "Why don't you sleep here tonight and leave early in the morning?" (I could picture a posse coming to get us.) So after many farewells and words of encouragement to the patient and his good mother, we set out for the highway. The whole family took us to the edge of the village and then two uncles of Merherban went with us the rest of the way. We said we could find our way back alone, but they would not hear of it.

One of the men had a bicycle with him. He worked in Pindi and made this trip EVERY DAY! Our guides were most courteous, but, very human, and took the opportunity to ask questions people always want to ask a person who has left all to follow Christ.

First was, "How much money do you make?" They laughed when we told them, "Nothing." Next was, "You have no husband?" etc. They were still mystified after our answers, but we had given them the opportunity to ask at least.

In a village courtyard a girl was weaving something in bright colors. They make intricate but beautiful patterns. One just has to admire their lovely handiwork.

We arrived home just in time for Benediction, and I prayed for our friends, and all our patients, those whose health is restored, and others who accept from the hands of God suffering and death. I know God will bless them, after all, He is our Father, whether we call Him so, or address Him as "the Just, the Merciful."

VILLAGE WEDDING

THERE was merriment in the air; no mistaking that gaily garbed crowd of thirty or forty people as they approach the little village beyond Khushab in the Punjab. A man astride a white horse, with a heavily garlanded page boy sitting behind him on a gaily decorated oriental rug; wedding retainers, leading the procession. The groom, a young man nearly six feet tall, is proudly attired in a scarlet flowing *dhoti* and a long scarlet transparent veil is hanging in front of his face. A tall, gold brocaded, pink turban, decorated with silver tinsel, completes his dress. Many a good-natured jibe is cast in his direction, and whether from the force of custom or from discretion, he meets each in silence.

The usual band of half a dozen players in red and blue uniform, with drums, bugles, and cornets, strike up a modern tune from some film, or perhaps an Irish or Scots air left by the army pipers during their long stay with the military on the North West Frontier. No marriage is complete without a band, and if occasionally the correct notes happen to be played, even that makes no difference. The procession is met on the outskirts of the village by the male relatives of the bride and the village elders. A swarm of noisy urchins clamor for *pice* (pennies) from the bridegroom, who must, according to custom, scatter handfuls of coins to the excited children, or bear the shame of such an omission to his dying day.

The groom is now singled out and surrounded by the village maidens.

Parveen Martha, the village bride, is dressed in her old working clothes to safeguard her Sunday best from the liberal sprinkling she will receive.

This group has been practicing its repertoire of ancient Punjabi songs for the previous fortnight keeping the whole neighborhood awake, night after night, with their catchy tunes and the rhythmic beat of their small drums. These folklore songs of the Punjab have lost some of their meaning; mostly they shower abuse on the poor groom who must just take them in good part.

The singing is hushed at the approach of the priest. The poor man may have been waiting an hour or two for the arrival of the marriage party, but, in the East, the time element is one that counts for very little. The Punjabi gives his shoulder a meaningful shrug as if to say, "Well, when God made time, He made plenty of it."

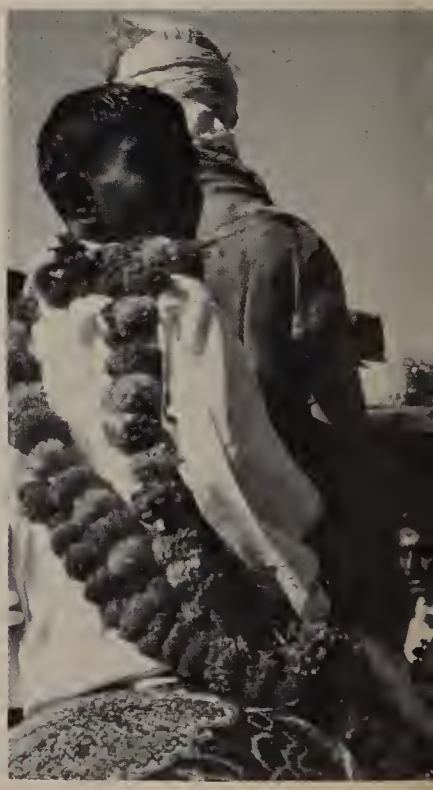
A charpoy, or wooden bedstead tied with criss-crossed hempen bands, is set in the shade of an old thorny kicker tree, a type that grows easily in the semi-desert. Eventually, some order is brought into the proceedings and the bride and groom with their attendants cluster in front of the bed which serves as a seat for his reverence, a writing table to hold the marriage register and an improvised altar before which Rahmat Yusuf will take Perveen Martha for his beloved wife.

Now, Perveen Martha is very shy. She is dressed in her old working clothes, not so much as a sign of modesty, as was my first thought, but rather to safeguard her Sunday best from the liberal anointing with herbs and oils that she has had to undergo at the hands of her village sisters.

This anointing of the body previous to the marriage is really in accord with an old Hindu custom to which many of our Christians, especially in the rural areas, still cling. There is a superstitious fear among young brides-to-be that if this rite is omitted, the marriage will not be blessed with love and progeny. Perveen Martha is enveloped in a large white sheet, and only her dark eyes, set in a gloomy brown face, peer through a small aperture.

The marriage ceremony is begun, and for the third time the priest, with great patience, asks for the consent of the young bride. Two previous efforts have borne no fruit in eliciting a response, so he turns to her once more: "Will you take Rahmat Yusuf for your lawful wedded husband?" At length with great coaxing she coyly gives her consent as Canon Law demands. Oh, she is really quite eager, but according to their ideas of modesty, true or feigned, it is considered shameful if she answers too quickly.

In the meantime, Rahmat Yusuf and Perveen Martha have pledged themselves to one another forever, under



Bridegroom astride his horse, a heavily garlanded page behind him.

the old kicker tree, and their marriage has been duly blessed with the solemn words of the ritual. Now, the young wife is led indoors by a bevy of chattering females, dressed in every color of the rainbow. They make a rich rhythmic tinkle as they shuffle off excitedly with strings of little silver bells around their ankles. With a sigh and a flourish, the priest shuts the marriage register, all covered with dirty-looking thumb prints, for eighty-five per cent of the village people are still illiterate and cannot sign their names.

It is time now for the real feast to commence. Barket, the village barber, has been in the background all the morning watching over his ten large cooking pots full of rice simmering away at the proper temperature. He now becomes the man of the moment. With a large wooden spoon, he heaps eager trays with rice and meat. *The groom and his male relatives* and friends squat in a circle on the hard brown earth, an aluminum plate, full to overflowing, in front of each. For the next half hour, there is almost dead silence as they eat their fill of rice and mutton chops flavored with almonds and raisins. Lastly, they apply themselves to the sweet yellow rice which has been heaped on one side of their plates.

This has been specially prepared with *gur* (uncrystallized sugar) and saffron leaves. They lick their fingers with a flourish, for there is no question here of knives and forks and spoons; fingers are the only gear employed. When all have finished, large glasses of canal water—for wells are scarce—are drunk to wash down the meal. With grunts of satisfaction the *hukka*, or long community pipe, is handed round, and there is a general air of satisfaction and well-being about the assembled guests.

The male relatives of the bride and her friends have their turn next, while the women inside the house are enjoying the feast on their own and doing justice to the good food provided. One great blessing at a wedding out in these parts is that there are no speeches to be made. The groom and the best man can sit at their ease, and his reverence need not worry over the glass of claret of the lady on his right, or rack his brains in an effort to remember that witty remark which, try as he will, he cannot recall.

So the day passes, and, when evening comes, the wedding party returns homeward, taking the newly-wedded bride with them. Her relatives usually make a great show of weeping for the daughter and sister they are losing. She herself is not far from tears; the ordeal that faces her is no light one. She has to go to live in a strange place with a husband who is a stranger to her. In all probability, she has never even met him before the wedding day. She will be subjected to the scrutiny of calculating in-laws, who will watch her every action and her management of household affairs. She will have to learn the ways of her husband, and learn to please him. Yet, despite all this, the Punjabi marriages usually turn out well, for Eastern women accept their lot with greater resignation than their sisters in the West.

There is no honeymoon for Rahmat Yusuf either. Tomorrow he will have to go out to his work, and the gay scenes and the splendor of today will soon be forgotten. He will be satisfied to know that he has been married according to the custom of his people, that nothing has been omitted that might call for criticism and that his guests went away content.

Mill Hill—
Missions and Missionaries 1960

RUBINA comes HOME

SISTER M. KIERAN

ONE half year is a long time to spend in a hospital, away from your village, your folks, and their way of doing everything, and to 12-year-old Rubina, our young Punjabi maiden, this seemed like an eternity.

Rubina's story started when the Holy Family Hospital jeep pulled away from the Catholic Village of Mariakhel, one of the Catholic villages in the Diocese of Rawalpindi. Rubina was tucked in beside the sister-doctor in whom she did not have complete confidence as yet. After examining the child, Sister had told her parents that Rubina needed hospitalization. She assured them that the bad wheezing and coughing could be brought under control and that the badly damaged right eye, the result of an accident when she was a young child, could be removed. This eye, hanging grotesquely from the socket, hardly resembled an eye and gave the child an almost gruesome appearance.

To say that Rubina was not all in favor of this decision is a mild understatement. What did she care about hospital treatment to fix up her damaged eye? Hadn't she managed all these years with it as it was? She could cook chappaties as well as her mother, and through the past few years she had had a very personal hand in rearing the younger children. Did this doctor ever consider how her family was going to manage without her for the long period of hospitalization?

However, on second thought, that incessant coughing was getting on everyone's nerves. She had learned to live with it, but she sensed that no one else in the tiny one-room compound had. And so she was off for her first trip away from home—on her way to the big, massive, brick center of healing and to grasp the proffered hand of mercy and medical knowledge.

To her great surprise, her life at the hospital was one of unexpected enjoyment. Why hadn't someone told her the hospital was like this?

From Rubina's bed in Medical Ward, she had full view of the rest of the ward. She could visit with her fellow patients through most of the day, help some of them peel their fruit, and boost their morale by telling funny stories. On occasion, her dramatic flare would rise to the fore and she would stroll up and down the aisle of the

ward, singing in full voice, Punjabi village songs with medical ward lyrics.

About three months passed before her asthma was sufficiently under control to undergo eye surgery and at the same time plans were made for the purchase of an artificial eye.

The operation came and a short time later so did the new eye. A week after the operation, Rubina had a new look and was assured that this eye was incomparable to any other in the whole bazaar.

Rubina measured up admirably to the responsibilities of her new state and followed the directions connected with ownership of these. She always removed the eye carefully at night and placed it in the proper container near her bed. One evening after a movie for the patients Rubina was late getting into bed and hurriedly removed the eye and placed it in what happened to be the fruit seed-receiver which the *mehtrani* (cleaning woman) dutifully emptied the next morning. And so what resembled a big, brown fruit seed, selling for Rs. 10/1 in the local bazaar met a cruel fate.

It was a chagrined and downcast Rubina who stood before the doctor at rounds on that day trying to account for the tragedy.

As the days wore on that sad week, Rubina's hopes for appearing before her family whole and entire had vanished with that morning's fruit seeds.

Rubina's fellow patients tried in vain to jostle her back to her previous humor, but she continued in her gloom and prepared dolefully for the trip back to Mariakhel.

However, sister-doctor had different ideas and the same shop in the bazaar produced another brown eye identical to her own. Rubina was radiant as she accepted this new eye and faithfully promised that this one would not meet the fate of its predecessor.

After this preparations were completed for her trek back home. Then came her day of glory, her day of discharge! Rubina came bouncing down the steps of Holy Family Hospital with sparkling eyes which matched her brilliant earrings and gay homemade garlands. She bade the small group of nurses, sisters, and patients "good-bye" in her mile-a-minute Punjabi dialect. With the greatest of assurance she settled back in the jeep with her little bag of belongings in which was x-ray proof of the sister-doctor's diagnosis: no evidence of tuberculosis.

The whole village assembled to welcome Rubina home: some out of curiosity to see this newest product of eye surgery and some out of love, for this was one of their children.

Urdu—Language of

I sat for a long time that afternoon, thinking long thoughts. I had trained for many years, as a Medical Mission Sister, as a medical record librarian. I had traveled many miles from my native Wisconsin to Rawalpindi, Pakistan. I was determined nothing would stop me from making these people of another culture, language, color, creed, my own people. Then, I had my first encounter with Urdu!

Urdu is a language, the national language of West Pakistan. It was my first encounter with it that led to those long thoughts on an afternoon in late August shortly after I arrived in Pindi

A woman rushed into the hospital with an obviously dying child in her arms. As I was the only Sister in sight, she grabbed my arm and blurted out a frenzied tale. Together, we hurried into the emergency room and I called for Doctor. Anyone could have figured out that course of action. But to have that woman continue her stream of words, look to me with all the yearning of a distraught mother in her eyes. and know that it was falling on deaf ears—my deaf ears—this was when I resolved, Urdu—*ur* die!

Urdu is a mixture, actually, of several languages, Persian and Arabic words intermingled with a Sanskrit dialect which was spoken in ancient India. It grew up in Shah Jehan's army camp in Delhi hundreds of years ago when Persian speaking soldiers mixed with Indian traders. The word, Urdu itself means a camp or market place. From the Sanskrit side of the family came rules of grammar; the characters and system of writing were borrowed from the Persians and Arabians. At times, I wished devoutly they had never met!

To read Urdu you go across the page from right to left, top to bottom. Looking at anyone of its 36 characters, an American might easily imagine a professional "doodler" had been at work on the page . . . and each character changes shape depending upon its position in the word. To hear the language spoken you detect a mixture of gutturals and hard "t's", "d's", and "r's" that have not the faintest resemblance to any of the Latin, French, or Spanish you have been exposed to previously. For eyes, ears, and tongue, Urdu presents a challenge !

I attacked it with a vengeance and for six months to a year my Urdu book and I kept steady company. Sister Elise, a veteran missionary who knew the language well, was my first classroom teacher. Rules, sentence structure, vocabulary, she drilled me in each one. She too was determined and it took a Sunday or a Holy Day of Obligation to get reprieve from class.

The people who came daily for admission to Holy Family Hospital, simple village folk as well as city dwellers, were my practical teachers. How I listened to their pronunciation, watched their facial expressions and gestures that seemed as much a part of the language as the words themselves. Idioms, as I came to recognize them, were a delight. I'll never forget my chagrin when I learned that for a full

six months I had been saying to the new patients very literally and precisely, "Please speak slowly. I do not know Urdu well." They would smile, start over again and move on . . . but I didn't fool them one bit. In their own idiom they would have said, "Urdu does not come to me," so the very *way* I expressed my thought was a dead give-away that "indeed, I did not know Urdu well!"

The verbs in Urdu are all important and hold the key to success. All kind of nuances of meaning can be expressed by changing them. To lose one's way, to lose a game or bet, to lose something intentionally, to lose something unintentionally, to lose heart, to lose courage, to lose one's breath, to lose one's wife . . . each of these takes a different verb or combination of verbs. And as if that isn't enough for a struggling beginner, often a peculiar inflection, nod of the head or hand gesture go along with it!

The English preposition becomes a postposition in Urdu, following the noun. There is no neuter gender and only two cases, nominative and oblique. Also, the restricted Urdu used for ordinary business is not extensive. All of these facts are on the side of the newcomer. One handy little gadget is the word *wala*, called the noun of agency. It can be attached to a substantive or a verb to personalize it. For instance, the man who drives the tonga is a tonga-wala; the man who delivers the milk (dudh) is the dudh-wala; the nurse who gives the injection is the injection-giving-wala, etc. This saves everyone looking around for new words. I was all for it!

Perhaps the most crushing blow during my studying days came when I was about nine months to the good. I decided to test some carefully memorized sentences on a new patient. Trying to look as if "Urdu came to me," I ventured forth. Only a blank stare in response. I tried again, louder this time. Still no gleam of light in her eyes. I was about to make a third attempt when she turned to the woman next to her and said in Urdu (which I could understand), "I don't speak English. Doesn't she see that?" My very best Urdu interpreted as English! This was disconcerting indeed. Later on, however, I came to realize that many times the people come already convinced in their own minds that these Sisters from a far-away land will not be able to speak Urdu, so they don't even listen.

One day, after about 18 months of struggling, it all paid off. A man from Lucknow (where the most perfect Urdu is spoken) came for admission. I began my little routine in Urdu and before I had gone very far, he interrupted, in English, with, "Sister, you certainly speak Urdu nicely. Were you born here?" With a laugh I replied, in Urdu, "Oh, no, but I've been working at it a bit." (Talk about the understatement of the year!) When I realized later what I had said . . . in Urdu, what he had said . . . in English, and that he was a *Lucknow-wala*, I figured I had passed the crucial test!

شی پر د نیا کے بسنے و الوں کو مبا ر کباد پیش کر ر ھا ھو - عید

West Pakistan

SISTER M. PIERRE

سماں بڑا تعجب خیز تھا - سب لو گ حیرت سے اسطرف د یکھنے لگ

IN my native Louisiana everyone knows who "old man river" is. The Mississippi has brought wealth, trade, and occasionally destruction to the South. If we look further we see that all civilizations began by the shores of rivers or oceans. Where there is water, there is life, and this is so true here in the Punjab, which means Land of Five Rivers. From the mighty Indus, with its immense irrigation system, to the humble Leh which flows behind our hospital, something is always happening by a river. Let us leave the hospital with its emergency operations, milling of visitors, doctors' call bells, and go to the stream down by the wheat fields, where life goes on today as it did yesterday and the century before.

First, let's visit the gypsies who have been camping here for the past week and who return every year in late spring. I always find it a thrill to look from the roof some morning and see their tents sprung up overnight—it is a sure sign, just like the wheat heading, or when the mustard loses its gold to blend into green.

We approach the camp and children surround us. They look healthy and their clothes are not inadequate. These gypsies have a livelihood in their trained animals which perform wherever they can find a crowd—it's the common man's circus. And how we, too, enjoy it! First, the bear walking on his hind legs, then the monkeys who do all kinds of tricks including a strut called "going to the bazaar." Best of all are the snakes. Today, the men folk have gone to town, only the women and children are in the camp. We ask them to show us the snakes—can they handle them? "Of course, their teeth have been taken out." Proof of their harmlessness is the presence of a two-month-old baby in close reach of the contorting reptiles.

From the photos you will notice the utter simplicity of the tents—one can see daylight at the other end. The kitchen consists of a square hole in the ground where the fire is made. These people have no privacy until darkness falls. Then one dark night they will disappear, where, only God knows.

But the daily scenes by the river go on without the gypsies. Washermen, buffaloes, shepherd boys, and people bathing—these we see any time. All the dhobies I've ever seen are cheerful creatures. They beat and sing in rhythm, and spread wet clothes on the mud bank, and somehow, with the help of the sun, the clothes are clean. Sometimes a group of women work together in getting out the family wash and when it is finished they take a bath themselves. One winter day when the sun was bright but a brisk wind blew at our veils we saw a young girl in midstream at a shallow part of the cold water vigorously scrubbing herself. What courage to be clean!

These Gypsies have circus-trained animals—a monkey, snakes, etc.—which perform whenever they can find a crowd. Their tents are very simple. They have no privacy until darkness falls.

OLD MAN RIVER IN PAKISTAN

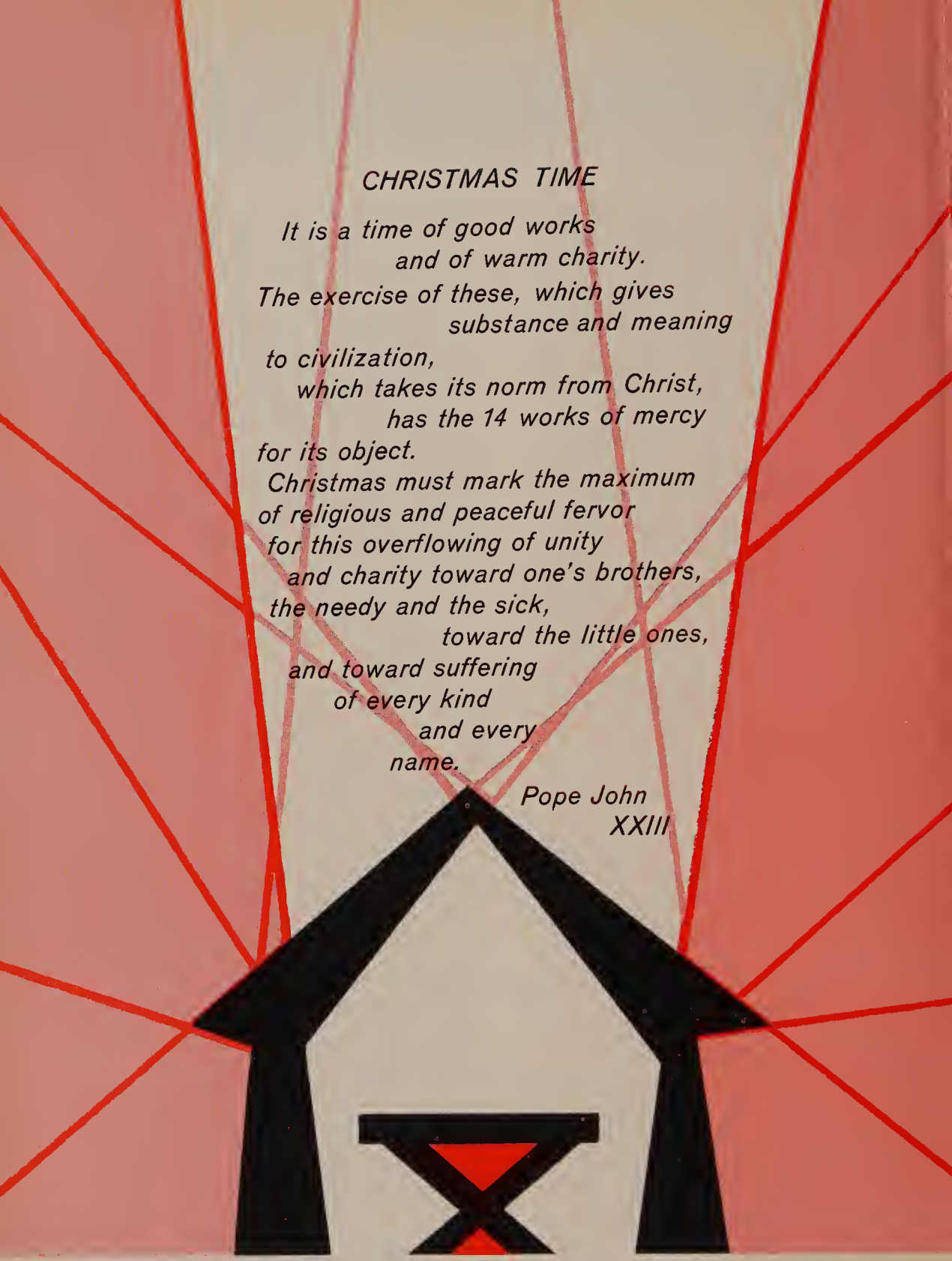
The bank of the river is much higher than the water, and the land is cultivated to the very edge. At this time the wheat is green and tall (three feet) and it will not grow any more, but only ripen. Next to this field a farmer is plowing another patch, talking to his equivalent of "old Bess," and encouraging the ox with the prodding of a long stick. The country is striving to increase food production, the basis of progress and industry. There are many plans, many willing technicians, but the key to production is the farmer himself, the man at the bottom of the ladder, who is plowing his fields like his father did before him.

Now look at the edge of the fields and you will notice a rutted road winding down to the river. This is for the oxen and buffalo and donkeys who carry sand and gravel from the banks. Many a modern home has its origin in this—materials loaded by hand on the backs of animals, then worked entirely by human labor into the finished brick and mortar. Early in the morning, when we are in chapel, one can hear somewhere out of the darkness, the tinkle, tinkle of the bells around the necks of the big ugly animals, the sturdy huge buffaloes. The faint music of the bells tells us that men are working, clattering down in empty carts and they will be standing in the icy water.

In summer the water is a cool refuge for the buffalo. A young boy dives in with the beasts and scrubs their heads with the zeal of a mother on Saturday night. Sometimes the boys dive in *sans* buffalo, just for the fun of a swim. What tricks and shouts, and they do not mind our presence as they chase each other with their wet shining bodies. The old swimming hole the world over is a place of delight.

But we must be returning home. There is the first hint of twilight and peace enfolds the countryside. But what is that coming toward us? Who is the white figure in the cloud of dust raised by a herd of lumbering cows? None other but old old friend, Nur Jehan. Her name means, "*light of the world*," and was used by a princess, but our grannie is the poorest of the poor, has four teeth in her head, a wisp of red hair, but abundant good humor. "*Salaam aleikum*," (Peace be to you) she shouts in her high pitched old woman's voice. She greets us like lost relatives and her wrinkled face exudes joy. "I have to get the cows home," she chirps. Every day in her life is the same—taking care of these animals which do not belong to her, but she treats them as her own. How I love Nur Jehan. Once some of us were sitting on the river bank which seemed perfectly private and secluded, but the cow lady found us out, peeked in on us and chuckled, "*Salaam aleikum, heh, heh, heh.*" There is little privacy in the orient, it is not even a desideratum. We answered her, "*Valeikum sallam*, to you, Nur Jehan, of the scampering herd." You go your way in the fields, and we will return to our duty in the hospital. Please, God, when it is time for you to be gathered to your fathers, you will die in our care, that we may show you one last kindness.

Visiting the gypsies. They return every year and camp near the river just below Holy Family Hospital.



The Medical Mission Sisters have as their apostolate the care of the sick in those parts of the world where the need is greatest. Theirs is a vocation that calls for a large measure of generosity from each individual Sister as she brings healing and hope to the people of India, Ghana, East and West Pakistan, Venezuela, and South Vietnam. Her task, whether as surgeon, nurse, pharmacist, technician, hospital housekeeper or secretary is one of bringing Christ's love to men in a tangible way through the action of her hands and the devotedness of her life thus making real the joyous message of salvation.

BOOKS

THE CHURCH & THE WORLD

SEEDS OF HOPE IN THE MODERN WORLD. Barry Ulanov. N.Y. Kenedy. 212 pp. $4.95.

Professor Ulanov brings to his study an optimism which can best be described as Christian. Looking at the modern world with its emphasis on the material, on science and on the force of destruction which man has unwittingly released, the author sees more than a little hope for the future. Tracing his thesis through the sciences, the arts, and literature, he shows that man has come to a closer understanding of reality. He has sought truth in many places, and his search has brought him to contact with reality. In establishing this contact, the scientist, the artist, the musician, and the literary man has found a new respect for things and for the Creator of these things. The book is copiously illustrated with examples from all the fields of human endeavor to support this doctrine of hope in the future.

BISHOP WALSH OF MARYKNOLL: A BIOGRAPHY. Raymond Kerrison. N. Y. Putnam. 314 pp. $4.95.

Bishop James Walsh of Maryknoll was one of the first students to enroll in that newly founded society. He was also in the first group of new missionaries to establish Maryknoll in China, in 1918. From that time onward, except for a ten year period when he was Superior-General of Maryknoll, James Edward Walsh was in his beloved China. In 1960 the world was shocked when the aging Bishop was tried by the Communist government for spying and sentenced to twenty years in prison. This book is his story to the present. A later book will have to be written to tell the whole tale.

PROFILE OF CEYLON'S CATHOLIC HERITAGE. Francis Tambimuttu. Maryknoll Pub. 103 pp. $1.00.

Father Tambimuttu writes of the history of the Catholic Church in his own country, Ceylon. His family has been Catholic for several generations and all have been involved in writing. This addition to the *World Horizon Reports* is most welcome, giving insights into an important island which for four centuries has been a meeting ground for East and West. Modern Ceylon, and the Church's position in it, is discussed along with some thoughts for the future.

INDONESIA: A PROFILE. Jeanne S. Mintz. Princeton. Van Nostrand. 241 pp. $4.25.

This small book gives a good introduction to the land and people of Indonesia. The author has been associated with the Indonesian government since 1943 and has lived in that country for some years. She brings to her study a wealth of background in political science and economics and a deep sympathy with the people of this new nation. The book covers the colonial period, the War, the time of revolution and independence, and the present.

SISTER M. FABIAN

THE HUNGRY ENCIRCLE THE GLOBE

WORLD HUNGER

Yu-Ching's happy burden is a 20 lb. bag of rice for her whole family. 30-40 millions die of hunger every year.

GROVER BRINKMAN

TO a well-fed American, the plight of hungry children is always appalling, something that tugs at his heartstrings. Knowing our huge stocks of surplus food, and the barren tables that face these children, it touches the average American even more. Because he has always been well-fed and well clothed, he can't quite understand. He keeps asking, why, why, why? But the fact remains that in this year of 1962, as in the past, people in more than 30 countries are underfed.

"My people had meat once this year," the mayor said, eyes on his shoes. The scene was the Island of Lesvos, Greece. "We had hoped for meat during the year-end holidays, but the olive crop was too bad . . ."

Thin-faced, stoop-shouldered village children stand back, listening, wondering if the stranger is going to help them, in some magic way.

On this fabled Greek island, towns are clusters of crumbling stone houses, none bigger than 150 families. Most of the families have a sheep, or a goat. Just one or two—never a large flock.

The men make their living in the olive groves. Ten of the families in this town are considered rich; their family income, nearly $700 per year. Forty more families earn up to $250 yearly, the balance, less. None of the old houses have electricity, running water, or refrigeration. The daily diet is bread, potatoes, beans, onions—in sparse quantities.

Americans call this poverty. Yet the sad truth is: compared with other millions of the world's starving, these Greek islanders are well off!

Let's shift the scene to India. The average per capita annual income is $69.30. Said India's own ambassador to the U. S.: "Our standard of living is a disgrace to the world."

In America, a member of the building trades, for instance, working on Saturday, would make as much money in one day as the man in India makes in an entire year!

Back in grammar school, we learned the necessities of life were food, clothing, shelter, in that order. Few Americans have experienced serious lack of these, even in our "depression" days. Yet today, more than half of the world's people will go to bed tonight without enough to eat.

Again—why? There are dozens of answers, but none of them fit.

Reports from Americans working for CARE in over thirty countries on five continents dramatize the continuing need for food.

Children of Mexico's Yucatan Peninsula, aged three to four years, weigh fifteen pounds. In Colombia, where the majority of children under twelve suffer from malnutrition, a recorded case history tells of a seven-month -old slum baby who had just died from starvation, weighing less than the day she was born!

Don't turn away—these are facts! Think about them, the next time mission Sunday rolls around in your church; think about them when you toss uneaten food into the garbage pail.

Here are more unpleasant statistics: a line of the world's hungry, spaced two feet apart, would encircle our earth twenty-five times. And the line is lengthening over 20 miles a day. There are some 30 to 40 million who die of hunger, directly or indirectly, every year.

Protein deficiency, which UNFAO calls "the illness with many names," is one of the most widespread malnutrition diseases among children. It is known as Kwashiorkor in Africa; sugar baby in Jamaica; nutritional dystrophy, in India.

Man has been battling this grim

spectre of starvation for years. Only in the past decade has progress been made. But even now, progress is slow. Your help is needed, the unselfish, Christian help of the good samaritan, with no prejudice to race, color, or creed.

As of today, UN programs include stocking fish ponds, stamping out pests, teaching home canning, irrigation and crop diversification. National and local governments, foundations, churches, and voluntary organizations have joined the fight.

We have so much, they have so little. The answer, then, would seem to be simple: Merely sharing. But it goes deeper than that. The starving millions must learn to be self-sustaining. And that fact, despite the slow regeneration taking place on many fronts, is still far into the future.

This is a problem that faces every Christian in America, and he must face it with unselfish, tolerant viewpoint. If we don't face it, and help solve it, the cancer of starvation will always be a spectre on the horizon of our faith.

we have so much others so little why ?

A bun and a glass of milk but to these two Ecuadori children, this food from the U.S. is the best Christma gift of all.

GHANA

Believe it or not

These past ten months have been filled with many new experiences, such as getting acquainted with the people and the language, the physical setup of the work, etc. One outstanding factor in the work has been the number of abnormalities in O.B. It's unbelievable. If only medical help had been sought early, there would be much fewer deaths among the women.

I had a very interesting experience while on vacation. The school children were on a holiday. They often ask for pictures, meaning magazines. Having only one magazine with me, and there being seven boys, who wanted it, we compromised and looked at the pictures in a "Better Homes & Gardens" magazine, all together. They were school children and spoke English so we got along well. They named the articles pictured, and the ones they didn't know I tried to explain to them. One was an electric iron. They understand what a charcoal iron is because that is what is used here, but to heat an iron by putting two prongs into the wall is difficult for them to grasp. Another picture was of a TV set. This, I explained by saying it was a wireless where you could see the man who was talking and singing. I think they hardly believed me. The one that topped it all though, was a washing machine. For people who go to the river to wash their clothes this is certainly an incomprehensible thing.

While in Teteman on holiday, we also had the privilege of going to the ordination of three priests. One of them has two sisters in our nursing school at Berekum.

Sr. M. Malachy, R.N., Holy Family Hospital, Techiman, Ghana

Sister M. Malachy (center), Sister M. Muriel (left), and Sister M. Jude, all from New Jersey and all stationed at Holy Family Hospital, Berekum, Ghana.

Christmas in Venezuela

Our plane landed in Maracaibo during the morning of December 24 but the Venezuelans had begun their preparations for Christmas long before. First of all, the novena of aguinaldo Masses begins on December 16. These early morning Masses (4 A.M.) last through the 23rd. During this novena, long before dawn, one can hear the thunderous noise of roller-skating in the streets. By long custom, local youngsters skate to and from the aguinaldo Masses. The Venezuelan Christmas carols are also called "Aguinaldos" (and their gay folk-music is very joyful) but the word meaning "gift" is used specifically for the novena of Masses to prepare for Christmas.

The traditional Venezuelan household begins work on the *pesebre* (crib) or *nacimiento* in mid-December. Basically, it's the manger scene, with figures representing the Holy Family, with attendant shepherds, angels, and all kinds of animals. By long usage, it can include in its elaborate landscape the sky, mountains, streams, and figures of almost anything. Usually, there are always some growing plants, and the whole nativity scene may be ornamented with Christmas tree lights, shells, flowers, or pretty stones. Each department in our hospital had its own setting and each manger scene was different. In some there were figures of cotton; in others, figures of wax, and of paper and of wood, and all dressed very painstakingly.

On Christmas Eve, Señor Soto, the Director of Music Education for the government schools, came to the hospital with his Choral Group and presented the typical Venezuelan aguinaldos in four-part harmony. They were delightful and truly impressive.

Señor Soto's wife and two small sons were also singing in the group. Actually the choral group started as a family affair with Señor Soto's wife and her three sisters and two brothers; it now numbers about forty and includes men from the different oil companies.

Venezuelans don't spend Christmas Eve trimming a tree; they go to the *Missa de Gallo* or Midnight Mass of the Birth of Christ. After this there is a traditional supper—*hallacas*, *dulce de leehaza*, etc.

Still in the Christmas spirit, on the evening of the 27th, the local firemen (nine of them) came, dressed in their blue uniforms, to present a *gaita* for the Sisters and the patients. The music they produced on their "home-made" instruments was very lively and rhythmic. The Captain played the *cuatro* (a four-stringed instrument, something like a mandolin). In a "*gaita*" they

play and sing at the same time and tell their story as they sing. They make up extra verses as they go along and each one takes his turn singing a verse while all join in the chorus.

The last day of 1961 was a day of recollection and silence for us but not for the Venezuelans who were preparing to celebrate the New Year with great merriment. All day long we could hear the firecrackers and at midnight there were terrific explosions.

New Year's Day is a great family day in Venezuela and even the patients in the hospital have to have all their relatives come so they could be together and celebrate.

On the Feast of the Holy Family, we left Maracaibo for Holy Family Hospital, Judibana, near Amuay Bay. The trip by air takes 36 minutes, and Sr. M. Anita and Sr. M. Jeanne were waiting at the airport to meet us. The trade winds were not as strong as usual and because of the recent rain there was some green to be seen, but it rains very seldom. The area had been without rain for seven years, and, when it finally did come, not too long ago, the parents took their children out into it so they could see what it was like. From the airport driving along the refinery, the Santa Ana Mountain was pointed out—about ten miles away. "The mountain" certainly stands out in this flat country. The people call it "the finger of God."

Many nativity scenes were still on display at the hospital. There was a bit of excitement because the employees' play was to be presented in the evening —a special performance. Before the play began, a member of the cast courageously presented a welcoming address *in English*. He would like to have said much more but, since it was in English, he had to restrict it to one sentence. That was enough for him. The enactment of the narration of the Gospel account of Our Lord's birth and the adoration of the shepherds and the kings was very fittingly portrayed with elaborate costuming and staging.

The city of Judibana has an interesting history. It is a new kind of oil town at Amuay Bay on the arid, windy, and sparsely inhabited desert Caribbean peninsula called Paraguana. Before oil brought an industrial boom to Paraguana, the region could support only fishermen and goat-herders. In 1950 Creole built a refinery and a deep water Marine terminal there and in the creation of Judibana had a chance to put into practice its new ideas by developing an attractive new community with no fences— an open town instead of an old-style closed camp.

In residential streets Creole employees and non-employees (mostly local shopkeepers and business people) live side by side. They insured the town's independence by letting the residents manage their own affairs and helping private businessmen to establish stores, etc. People have compensated with bright colors and other architectural gaiety for the lack of natural vegetation, the heat, and glare, and the steady pressure of the strong trade wind. The wind is so strong that some of the trees have leaves on only one side and are all bent in one direction. Nearly five million gallons of water reaches Paraguana daily through a 72-mile pipeline essential for the development of this desert area.

Mother M. Benedict, M.D.

Mother M. Benedict, M.D. welcomes Sister M. Francis Xavier, M.D. (in white) and Sister M. F. Lourdes, M.D. (center) to the U.S. Both Sister-doctors are from India and are doing a second year of internship at St. Francis Hospital, Trenton, N. J. Both graduated from Lady Harding Medical College, New Delhi.

R.I.P.

R.I.P. Please pray for our benefactors recently deceased:

Gabriele Cardinal Coussa, Rome, Italy.
Rev. Joseph Connell, Philadelphia, Pa.
Rev. Joseph Kirkhride, C.S.Sp., Pittsburgh, Pa.
Rev. William Maloughney, C.S.C., New Brunswick, Can.
Rev. Godfrey Weitekamp, O.F.M., Bronx, New York.
Bro. Cecilien Fullum, C.S.C., Lourdes, France.
Bro. Gregory Rozczynialski, C.S.C., New Orleans, La.
Miss Rose Duffy, Philadelphia, Pa.
Mrs. Esther Galickis, Buffalo, N. Y. (Sister of Sr. M. Loretto, S.C.M.M.)
Mrs. Elizabeth Haas, Queens Village, New York.
Mrs. Margaret Harrington, Eureka, Utah.
Miss Agnes A. Holmes, Philadelphia, Pa.
Mr. Luc Normand, Trois Rivieres, Can. (Brother of Sr. M. Michele, S.C.M.M.)
Miss Katherine M. O'Leary, Wash., D.C.
Mr. Philip Schmitt, Glendale, N. Y.
Mrs. Pauline Wahlgren, Flushing, N. Y.

We live in the last days, it is true, because we already have eternal life. We enjoy already the life of the world to come. But it is a hidden and incomplete possession, because this is the intermediate period between Christ's first coming and His second. In this "space between," which is the first stage of the Kingdom that is come, our work is to "associate ourselves freely with the new creation and cooperate with its gradual penetration into the old." Ours is to prepare, to fashion, to dedicate all nature, against the day of its consecration by Christ the Priest unto His Father's holy purpose. When the Lord will return, no man knows. He will come when all is ready, that much is sure—at a time known only to God. We presume, however, to hasten that day. In our prayers, we urge Him, "Come Lord Jesus!" We celebrate His death, "until He come," hoping by each celebration to hasten the day. We spend our lives at charitable deeds to overcome the effects of sin, poverty, disease—yes, we even battle the last enemy, death—so that the world shall know that the Scripture is fulfilled.
The Lord has already come to take possession . . .

Rev. Gerard S. Sloyan

RAWALPINDI HOLY FAMILY HOSPITAL NEEDS—AN INSULATED ROOF . . .

IT'S COLD IN THE O.R. in Holy Family Hospital, Rawalpindi, West Pakistan right now . . . no central heating. And at this season of the year the temperature drops to 35° and even 30° at times! In the summer when the temperature outside is 115° and over, the tropical sun bakes the Operating Room wing beyond endurance.

IT'S HOT IN THE O.R.

Won't you ask St. Joseph to put an adequate, insulated roof over our patients' (and doctors') heads, and help him to build it by contributing towards the cost? (The Cost: $5,000.)

MEDICAL MISSION SISTERS, Philadelphia 11, Pa.

Dear Sisters: Here is my gift of $ to put an insulated roof over your Sisters' heads in the Operating Room.

Name .....

Address .....

City ..... Zone ..... State .....